

<<Mandatory Certificate EPA>>

**ST3-FP-AOP-EPA5 – Violence risk assessment 3**

<b>Area of practice</b>	Forensic psychiatry	<b>EPA identification</b>	ST3-FP-AOP-EPA5
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.9 (EC-approved 10/04/15)
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.			
<b>Title</b>	<b>Violence risk assessment and management 3.</b>		
<b>Description</b> Maximum 150 words	Develop a formulation, risk assessment and management plan for a complex mentally disordered offender with a history of serious violence.		
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 7, 8	<b>HA</b> 2
	<b>COM</b>	1, 2	<b>SCH</b>
	<b>COL</b>	1, 4	<b>PROF</b> 1, 2, 3
	<b>MAN</b>	4	
<b>Forensic competencies</b> For Certificate of forensic psychiatry trainees only	<b>ME</b>	a, b, c, d, e	<b>HA</b> a, b, c
	<b>COM</b>	a	<b>SCH</b> b
	<b>COL</b>	a, b	<b>PROF</b> a
	<b>MAN</b>	b, c	
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Knowledge of evidence-based static and dynamic risk factors for violence.</li> <li>• Evidence of the strengths and limitations of different approaches to assessing risk including: unstructured clinical, anamnestic, actuarial and structured professional judgement (SPJ) approaches.</li> <li>• Advanced knowledge of at least one actuarial (eg. VRAG, PCL-R) and at least one SPJ (HCR-20, START, DASA) violence risk assessment tool.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Advanced knowledge of the construct of psychopathy and its relevance to violence.</li> <li>• Advanced knowledge of the evidence base linking mental disorder to violence.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Elicit from patient and/or obtain from other sources an appropriately detailed account of past violence.</li> <li>• Based on obtained history and mental state, construct a formulation that demonstrates understanding of aetiology of violence in the specific case, including an understanding of relevant evidence-based dynamic and static risk factors.</li> <li>• Assessment of likelihood and gravity of future violence, including possible scenarios of elevated risk.</li> <li>• Development of appropriate management plan to minimise future risk of harm including a consideration of: <ul style="list-style-type: none"> <li>- biological treatments</li> <li>- psychosocial interventions</li> <li>- victim safety planning</li> <li>- legal issues</li> <li>- placement and security issues</li> <li>- transfer of care</li> <li>- the recovery of the patient.</li> </ul> </li> <li>• Appropriate documentation of assessment, decisions and reasoning.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Non-judgemental approach to the problem of violent behaviour, constructing violence as a problematic behaviour to be managed rather than a moral failing to be condemned.</li> <li>• A diligent attitude to communicating information and plans where appropriate to carers and health workers involved.</li> <li>• Appropriate attitudes to balancing competing priorities, eg. civil liberties, confidentiality, therapeutic rapport, when managing risk.</li> <li>• Awareness of own limitations and willingness to seek others' opinion when required.</li> <li>• Awareness that risk in general can only be managed, not eliminated, and that there is a necessary role for carefully considered 'therapeutic risk taking' in psychiatric practice.</li> <li>• Adherence to an ethical framework that conceives risk assessment as a process that systematically articulates and then strives to meet relevant clinical needs, rather than simply the provision of a predictive categorical label.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs on three different cases.

<b><i>Suggested assessment method details</i></b>	<ul style="list-style-type: none"><li>• Observed Clinical Activity (OCA) – on a previously unknown patient.</li><li>• Case-based discussion.</li><li>• Professional presentation – a case discussion or case conference chaired by the trainee.</li></ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar